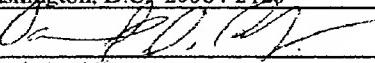


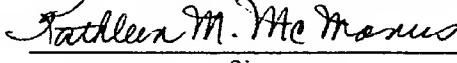
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| | | | |
|--|----|------------------------|--------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/997,248 |
| | | Filing Date | 11/30/2001 |
| | | First Named Inventor | Bodo WIEGAND |
| | | Group Art Unit | 2857 |
| | | Examiner Name | Paul L. Kim |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 740116-353 |

| | | | |
|---|--|--|--|
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | | |
| | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. | |

| | |
|---|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual name | David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | March 4, 2005 |

| | |
|--|---|
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
| I hereby certify that this correspondence is being: | |
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| <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306 _____ | |
| March 4, 2005 |  _____ Signature Kathleen M. McManus _____ Typed or printed name |

W334544.1

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(S)200.00

Complete if Known

| | |
|----------------------|--------------|
| Application Number | 09/997,248 |
| Filing Date | 11-30-2001 |
| First Named Inventor | Bodo WIEGAND |
| Examiner Name | Paul L.Kim |
| Art Unit | 2857 |
| Attorney Docket No. | 740116-353 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

19-2380(740116-353)

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEES CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code | Fee (S) | Small Entity Fee Code | Fee (S) | Fee Description | Fee Paid |
|-----------------------------|------------|-----------------------------|------------|------------------------|----------|
| 1001 | 200 | 2001 | 150 | Utility filing fee | |
| 1002 | 200 | 2002 | 100 | Design filing fee | |
| 1003 | 200 | 2003 | 100 | Plant filing fee | |
| 1004 | 300 | 2004 | 150 | Reissue filing fee | |
| 1005 | 200 | 2005 | 100 | Provisional filing fee | |

SUBTOTAL (1) (S) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 24 | -25** = | | 0 |
| Independent Claims | 4 | X 200.. | = 200. |
| Multiple Dependent | | X | = 0 |

| Large Entity Fee Code | Fee (S) | Small Entity Fee Code | Fee Description |
|-----------------------------|------------|-----------------------------|-----------------|
| 1202 | 50 | 2202 | 25 |
| 1201 | 200 | 2201 | 100 |
| 1203 | 360 | 2203 | 180 |
| 1204 | 200 | 2204 | 100 |
| 1205 | 50 | 2205 | 25 |

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
** Reissue independent claims over original patent
** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (S)200.00

** or number previously paid, if greater; For Reissues, see above

FEES CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | |
|---------------------------|--------------|-----------------|--------|
| Fee Code | Fee Code | (S) | (S) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 120 | 2251 | 60 |
| 1252 | 450 | 2252 | 225 |
| 1253 | 1,020 | 2253 | 510 |
| 1254 | 1,590 | 2254 | 795 |
| 1255 | 2,160 | 2255 | 1,080 |
| 1401 | 500 | 2401 | 250 |
| 1402 | 500 | 2402 | 250 |
| 1403 | 1,000 | 2403 | 500 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 500 | 2452 | 250 |
| 1453 | 1,500 | 2453 | 750 |
| 1501 | 1,400 | 2501 | 700 |
| 1502 | 800 | 2502 | 400 |
| 1503 | 1,100 | 2503 | 550 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 790 | 2809 | 395 |
| 1810 | 790 | 2810 | 395 |
| 1801 | 790 | 2801 | 395 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (S) 0

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March 4, 2005

Date

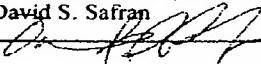
Kathleen M. McManus
Signature

Kathleen M. McManus

Typed or printed name

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|---------------|
| Name (Print/Type) | David S. Safran | Registration No. (Attorney/Agent) | 27,997 | Telephone | 703-827-8094 |
| Signature |  | | | Date | March 4, 2005 |

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W640185.1

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Docket No. 740116-353

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) **RESPONSE UNDER 37 CFR 1.116**
Bodo WIEGAND) **EXPEDITED PROCEDURE**
Serial No. 09/997,248) **EXAMINING GROUP 2857**
Filed: 11/30/2001) Examiner: Paul L. Kim
For: METHOD AND APPARATUS FOR) Confirmation No. 3740
OPTIMIZING EQUIPMENT)
MAINTENANCE)

CERTIFICATE OF TRANSMISSION

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Kathleen M. McManus
Kathleen M. McManus

AFTER FINAL AMENDMENT

Mail Stop AF
Commissioner for Patents
P.O. Box 1540
Alexandria, Virginia 22313-1450

Sir:

The following is presented in response to the Final Office Action that was mailed on December 16, 2004, in connection with the above-identified application.